

ILHIE Direct Secure Messaging System TEMPLATE CONSENT FORM INSTRUCTIONS

About ILHIE Direct

The Illinois Office of Health Information Technology is pleased to present you with the enclosed Illinois Health Information Exchange (“ILHIE”) Direct Secure Messaging System Consent Form (the “Consent Form”). ILHIE has created a direct, secure, encrypted, electronic messaging service (called “ILHIE Direct”) that supports secure electronic communication between health care providers. ILHIE Direct is designed to help providers easily and securely share information such as referrals, patient summaries and lab results to enhance patient care. In doing so, ILHIE aims to improve continuity of care, support the “Meaningful Use” of electronic health records under the Medicare and Medicaid incentive programs, and advance the patient-centered medical home model of care.

What is the ILHIE Direct Consent Form?

The Consent Form provides your patients with the opportunity to allow you to share their health information with other providers using ILHIE Direct. The Consent Form meets all requirements established by applicable Federal and State law, including the Federal Confidentiality of Alcohol and Drug Abuse Patient Records Regulations, 42 C.F.R. Part 2 (“Federal Regulations”), the Illinois Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110/5 (“IMHDDCA”), and the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. parts 160 and 164 (“HIPAA”). In addition to informing your patients of certain information as required by these laws, the Consent Form addresses these issues:

Why is the ILHIE Direct Consent Form Necessary?

According to the Federal Regulations and the IMHDDCA, patients must consent in writing to the release of their health information in most circumstances. Use of your patients’ health information in ILHIE Direct is one of those circumstances.

How to Properly Complete the ILHIE Direct Consent Form

Before you may share a patient’s health information using ILHIE Direct, you should explain the Consent Form to the patient. If the patient is a minor or has a personal representative, then you should explain the Consent Form to the patient’s parent/guardian or personal representative. Explain to the patient/personal representative the following, which traces the sections of the Consent Form:

WHO MAY DISCLOSE	Patients may list the name(s) of provider(s) they authorize to disclose their information.
WHAT MAY BE DISCLOSED	Disclosure of all of a patient’s health information is the default. However, patients should understand that they may choose to limit disclosure to specific information only by writing in the limitation.
WHO MAY RECEIVE	Patients may list the name(s) of the provider(s) they authorize to receive their health information. Multiple parties can be listed on one Consent Form, and all parties needing the health information should be identified to avoid the legal prohibition on redisclosure.
PURPOSES	Patients may check any or all of the following boxes listing the purposes for which their health information may be disclosed: their treatment, coordination of their care among their providers, and improving the provider’s health care operations.

EXPIRATION

The Consent Form automatically expires after 1 year. However, patients may choose an earlier expiration date by filling in the desired date where indicated.

REVOCATION

Patients should understand that they may revoke their permission to disclose their health information at any time, but revocation will not impact disclosures previously made in reliance on the Consent Form.

INSPECTION

Patients should be informed of their right to inspect and copy their health information.

FEDERAL LAW

Patients should understand that special protections apply to certain kinds of health information. Specifically, they should understand that special protections are granted to substance abuse treatment information pursuant to the Federal Regulations and mental health and developmental disabilities information under the IMHDDCA.

Who May Sign the ILHIE Direct Consent Form

Generally, only patients may give consent to use or disclose their health information. However, there are situations where a patient's parent, guardian or personal representative is the one who must consent. The following chart sets forth those individuals who can serve as a personal representative for adults/emancipated minors for purposes of authorizing uses and disclosures of health information. Please note that if a guardian/personal representative signs the Consent Form, he/she must also indicate his/her authority to act on behalf of a patient. If a patient is a mental health patient, then a witness must also sign and date the Consent Form.

SUBSTANCE ABUSE PATIENT	
If Patient Is:	Then Person Who May Sign Is:
Adult Patient	Patient
Emancipated Minor Patient	Patient
Incompetent Adult Patient/ Emancipated Minor: Adjudicated Incompetent	Court-appointed guardian <u>or</u> Person appointed under a Power of Attorney for Health Care
Incompetent Adult Patient/ Emancipated Minor: Without Court Adjudication Of Incompetence	Program Director, but only for purposes of payment Use or disclosure of information for other purposes is not permitted without court order
Deceased Persons	Executor, administrator, or other personal representative <u>or</u> If none, then patient's spouse <u>or</u> If none, then by any responsible member of the patient's family

MENTAL HEALTH PATIENT	
If Patient Is:	Then Person Who May Sign Is:
Adult Patient	Patient
Emancipated Minor Patient	Patient
Adult Patient/ Emancipated Minor Who Has Been Determined To Be Incompetent For Decisions Related To Treatment Other Than Mental Health	Agent under Power of Attorney for Health Care <u>or</u> If no Power of Attorney, Health Care Surrogate
Adult Patient/ Emancipated Minor Who Has Been Determined To Be Incompetent For Decisions Related To ECT, Psychotropic Medication, Or Admission To Mental Health Facility	Attorney-in-fact under Mental Health Treatment Preference Declaration <u>or</u> Agent under Power of Attorney for Health Care <u>or</u> Health Care Surrogate

Finally, you must provide the patient with a copy of the signed and dated Consent Form and keep the original on file.